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APR 23 2001

**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION** Declaration Submitted with Initial Filing

OR

 Declaration Submitted after Initial Filing

Attorney Docket Number	960296.95700
First Named Inventor	Hector F. DeLuca
COMPLETE IF KNOWN	
Application Number	09/769,579
Filing Date	January 21, 2001
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF TREATMENT OF TYPE I DIABETES

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) January 21, 2001 as United States Application Number or PCT InternationalApplication Number 09/769,579 and was amended on (MM/DD/YYYY) n/a (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
n/a			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
n/a		

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION

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I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
n/a			

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

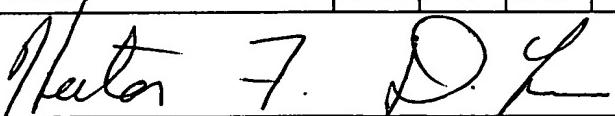
Firm Name
 List attorney(s) and/or agent(s) name and registration number below
OR
 Customer or label
Number

Name	Registration Number	Name	Registration Number

Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto
Please direct all correspondence to Customer Number or label OR Fill in correspondence

Name					
Address					
Address					
City	State	Zip			
Country	Telephone	Fax			

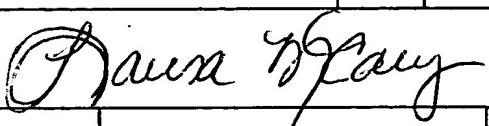
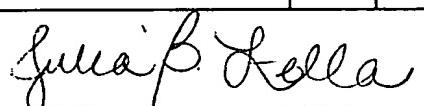
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:			A petition has been filed for this unsigned inventor				
Given Name	Hector	Middle Initial	F.	Family Name	DeLuca	Suffix e.g. Jr.	
Inventor's Signature						Date	3/22/01

Residence: City	Deerfield	State	WI	Country	USA	Citizenship	USA
Post Office Address	1809 Highway BB						
Post Office Address							

City	Deerfield	State	WI	Zip	53531	Country	USA	Applicant Authority	
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto								

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DECLARATION						ADDITIONAL INVENTOR(S) Supplemental Sheet						
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor						
Given Name	Laura		Middle Initial	n.m.i.	Family Name	McCary				Suffix e.g. Jr.		
Inventor's Signature										Date	4.4.01	
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Post Office Address	2611 Ruby Drive											
Post Office Address												
City	Oxnard		State	CA	Zip	93030	Country	USA		Applicant Authority		
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor						
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Inventor's Signature										Date	3.21.01	
Residence: City	Madison			State	WI	Country	USA		Citizenship	USA		
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Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor						
Given Name			Middle Initial		Family Name					Suffix e.g. Jr.		
Inventor's Signature										Date		
Residence: City				State		Country			Citizenship			
Post Office Address												
Post Office Address												
City			State		Zip		Country				Applicant Authority	
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor						
Given Name			Middle Initial		Family Name					Suffix e.g. Jr.		
Inventor's Signature										Date		
Residence: City				State		Country			Citizenship			
Post Office Address												
Post Office Address												
City			State		Zip		Country				Applicant Authority	
	Additional inventors are being named on supplemental sheet(s) attached hereto											